

IEIP Brief

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An Update on Activities at the International Emerging Infections Program, Thailand

This quarter marks two years since IEIP Thailand was launched, and the program is beginning to show signs of maturity. Population-based surveillance is now well established in Sa Kaeo, the training requests have assumed a life of their own, and the dream of joint outbreak investigations with the FETP has become a reality. Research, too, has moved from ideas to results, with IEIP presentations at each of the two major U.S. infectious disease meetings this year, and an impressive 10 abstracts submitted for the Emerging Infectious Disease conference in Atlanta. In another good sign, most of the abstracts were authored by Thai collaborators, with IEIP staff playing supporting roles. - *Scott Dowell*

Outbreak Response

In response to a sharp increase in liver cancer deaths in a country with rates already among the highest in the world, provincial health authorities sought a joint investigation by FETP and IEIP. Dr. Supalert Nedswan, FETP, and Dr. Joe Amon, EISO, spent several weeks reviewing death certificate data, hospital outpatient and admission records, and medical charts to further characterize the increase. The data confirm that liver cancer deaths have increased since 1999 while other cancers have remained stable. Both hepatocellular carcinoma (associated with hepatitis B) and cholangiocarcinoma (associated with the liver fluke *Opisthorchis*) have increased. Additional information, such as biopsy results, is being reviewed and more detailed investigations discussed.



Joint FETP/IEIP investigation of liver cancer increase in Sa Kaeo.

Research

Thais with pneumonia have good access to health care, according to the preliminary results from a large community survey in Sa Kaeo. The team interviewed 5658 persons in 1600 households. A total of 59 persons reported having possible pneumonia. Overall, 81% of patients with possible pneumonia visited a hospital during the course of their illness, and neither distance nor cost was reported as a barrier to seeking care. These data suggest that medical treatment and radiologic assessment is readily available in Sa Kaeo and that data from population-based surveillance for hospitalized cases of radiologically-confirmed pneumonia in Sa Kaeo should be representative.



Deputy governor, Sanong Bunmee, launched surveillance system with (from left) Kumnuan Ungchusak, MOPH, Scott Dowell, IEIP, and Choorat Koosakulrat, Provincial Chief Medical Officer.

Surveillance

The official signing ceremony launching surveillance in Nakhon Phanom was held on November 11. In attendance were representatives from the Department of Disease Control, Department of Medical Science, Bureau of Epidemiology, IEIP, and the Provincial Health Office. The event brought good publicity and attention to IEIP activities.

The active, population-based surveillance system has expanded to include a second syndrome, jaundice. The pilot for jaundice surveillance was launched in Sa Kaeo in November. Once the data collection from and screening criteria are finalized, the system will be expanded to Nakhon Phanom.

Training

MOPH and IEIP are working to improve microbiology skills in the surveillance sites. From October 15-24, a team of laboratory experts visited Nakhon Phanom and Sa Kaeo to conduct a preliminary laboratory assessment. Robert Jerris and Mindy Glass from Atlanta joined MOPH's Boonchuay Eampokalap (Chair of Team), Naiyana Watanasri and Leelawadee Sangsuk. The team's report and recommendations are being discussed with provincial and MOPH authorities to agree on next steps for laboratory improvement.



Boonchuay Eampokalap and Robert Jerris visiting a laboratory.